

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILED

05 OCT 27 PM 3:53

Full Name of Committee Kevin L. Boyce For Columbus City		Registration Number, if PAC COLUMBIA COUNTY BOARD OF ELECTIONS	
Full Name of Candidate Kevin L. Boyce			
Street Address 250 West Street		Office Sought City Council	District
City Columbus		State OH	Zip Code 43215
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input checked="" type="checkbox"/> Pre-General
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly
	<input type="checkbox"/> Termination	<input type="checkbox"/> Annual Year	<input type="checkbox"/> Semiannual
Amended Report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Date of Election		11/08/05	

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	6,470	96
2. Total monetary contributions (From Form No. 31-A)	\$	104,755	22
3. Total other income (From Form No. 31-A-2)	\$	X	XX
4. Total funds available (sum of lines 1, 2, 3)	\$	111,225	08
5. Total monetary expenditures (From Form No. 31-B)	\$	36,818.81	
6. Balance on hand (line 4 minus line 5)	\$	74,407.37	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	X	X
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	X	X
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	X	X
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	X	X
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	X	X
12. Value of independent expenditures made (From Form No. 31-U)	\$	X	X
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$		

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Aaron L. Granger
Print Name and Title (Treasurer and Deputy Treasurer only)

Aaron L. Granger
Signature

00/00/0000
Date

Contribution
pages _____

Expenditure
pages _____

Other
pages _____

Total
pages **0**

Ohio Campaign Finance Report

Prescribed by Secretary of State 3/05

FILE
05 OCT 27 PM
FRANKLIN COUNTY
ELECT

Full Name of Committee						Registration Number, if PAC	
Full Name of Candidate							
Street Address				Office Sought		District	
City				State OH		Zip Code	
Type of Report (place X to the left of report type)	<input type="checkbox"/> Pre-Primary	<input type="checkbox"/> Post-Primary	<input type="checkbox"/> Pre-General	<input type="checkbox"/> Post-General	<input type="checkbox"/> Annual Year		
	<input type="checkbox"/> July Monthly	<input type="checkbox"/> August Monthly	<input type="checkbox"/> September Monthly	<input type="checkbox"/> Termination	<input type="checkbox"/> Semiannual		
Amended Report? <input type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M	D

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

1. Amount brought forward from last report	\$	
2. Total monetary contributions (From Form No. 31-A)	\$	
3. Total other income (From Form No. 31-A-2)	\$	
4. Total funds available (sum of lines 1, 2, 3)	\$	\$0.00
5. Total monetary expenditures (From Form No. 31-B)	\$	
6. Balance on hand (line 4 minus line 5)	\$	
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

00/00/0000

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

Date

Contribution
pages

Expenditure
pages

Other
pages

Total
pages 0

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce for Columbus City Council Committee						
Full Name of Contributor William D. Faith				Registration Number, if PAC		
Street Address 340 Clinton Heights Ave.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43202	M 0	D 6	Y 1005	Amount 150
Full Name of Contributor Douglas G. McMartin				Registration Number, if PAC		
Street Address 266 Eastmoor Blvd.		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43209	M 0	D 6	Y 1005	Amount 250
Full Name of Contributor Graphic T's Inc. (refund)				Registration Number, if PAC		
Street Address 532R Main Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Groveport	State OH	Zip Code 43125	M 0	D 6	Y 1005	Amount 250
Full Name of Contributor Marlene Lynn				Registration Number, if PAC		
Street Address 7725 Kelvinway Drive		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Worthington	State OH	Zip Code 43085	M 0	D 6	Y 1005	Amount 20
Full Name of Contributor John P. Carney				Registration Number, if PAC		
Street Address 357 E. Torrence Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43214	M 0	D 6	Y 1005	Amount 100
Full Name of Contributor Committee For Cindy Lazarus				Registration Number, if PAC		
Street Address 404 South Chesterfield Road		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43209	M 0	D 6	Y 1005	Amount 300
Full Name of Contributor Rafe Lewis				Registration Number, if PAC		
Street Address P.O. Box 10149		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43201	M 0	D 6	Y 1005	Amount 25
Full Name of Contributor Jo Anne St. Clair				Registration Number, if PAC		
Street Address 209 Olentangy Street		Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check	
City Columbus	State OH	Zip Code 43202	M 0	D 6	Y 1005	Amount 35

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **\$1,130.00**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor Greta J. Russell							Registration Number, if PAC		
Street Address 674 Bellamy Place				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43213		M 0		D 6	
						Y 1005		Amount 100	
Full Name of Contributor Adam Flatto							Registration Number, if PAC		
Street Address 126 East 64th Street, Apt. #8-E				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City New York		State NY		Zip Code 10021		M 0		D 6	
						Y 1005		Amount 2,000	
Full Name of Contributor Central Ohio Reaktors PAC							Registration Number, if PAC		
Street Address 2700 Airport Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43219		M 0		D 6	
						Y 1005		Amount 1,000	
Full Name of Contributor Call & Post (refund)							Registration Number, if PAC		
Street Address 11800 Shaker Blvd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Cleveland		State OH		Zip Code 44120		M 0		D 8	
						Y 1005		Amount 875.22	
Full Name of Contributor Columbus/Central Ohio Building PAC							Registration Number, if PAC		
Street Address 555 East Rich Street, #217				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43215		M 0		D 8	
						Y 1005		Amount 500	
Full Name of Contributor Rosetta Hayes							Registration Number, if PAC		
Street Address 1418 Brice Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Reynoldsburg		State OH		Zip Code 43068		M 0		D 8	
						Y 1005		Amount 100	
Full Name of Contributor Thomas M. Isaacs							Registration Number, if PAC		
Street Address 1197 Three Forks Drive South				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Westerville		State OH		Zip Code 43081		M 0		D 8	
						Y 1006		Amount 100	
Full Name of Contributor Dale Bridges							Registration Number, if PAC		
Street Address 2272 Somersworth Dr.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) Cash	
City Columbus		State OH		Zip Code		M 0		D 8	
						Y 1006		Amount 100.00	

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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor Democracy For America							Registration Number, if PAC #C00370007		
Street Address P.O. Box 8313				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Burlington		State VT	Zip Code 05402		M 0	D 9	Y 2	Y 3	Amount 1,000
Full Name of Contributor Martuerke H. Turnbull							Registration Number, if PAC		
Street Address 4590 Knightsbridge Blvd. Apt. 301				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43214		M 0	D 9	Y 2	Y 3	Amount 35
Full Name of Contributor Martha McFerran							Registration Number, if PAC		
Street Address 43 Falls Road				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43214		M 0	D 9	Y 2	Y 3	Amount 20
Full Name of Contributor Dolly G. Newhouse							Registration Number, if PAC		
Street Address 2674 Henthorne Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Upper Arlington		State OH	Zip Code 43221		M 0	D 9	Y 2	Y 3	Amount 25
Full Name of Contributor James C. Willams							Registration Number, if PAC		
Street Address 406 Thurber Drive W. Apt. 11				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 2	Y 3	Amount 50
Full Name of Contributor Joan M. Crawford							Registration Number, if PAC		
Street Address 33 Glencoe Road				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43214		M 0	D 9	Y 2	Y 3	Amount 100
Full Name of Contributor George A. Skestos							Registration Number, if PAC		
Street Address 2700 E. Dublin-Granville Road				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43231		M 0	D 9	Y 2	Y 3	Amount 1,000
Full Name of Contributor Columbus/Central Ohio Building PAC							Registration Number, if PAC LA1214		
Street Address 555 E. Rich Street #217				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 2	Y 3	Amount 1,000

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Page Total

\$3,230.00
\$0.00

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor Casto Realty Investments LTD							Registration Number, if PAC		
Street Address 191 W. Nationwide Blvd. Suite 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 42315		M 0	D 9	Y 2	Y 3	Amount 500
Full Name of Contributor Casto Family Funding							Registration Number, if PAC		
Street Address 191 W. Nationwide Blvd. Suite 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 42215		M 0	D 9	Y 2	Y 3	Amount 500
Full Name of Contributor Karen Mughan							Registration Number, if PAC		
Street Address 1340 Highland street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43201		M 0	D 9	Y 2	Y 3	Amount 30
Full Name of Contributor Susan E. Weaver							Registration Number, if PAC		
Street Address 5752 Duddingston Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin		State OH	Zip Code 43017		M 0	D 9	Y 2	Y 3	Amount 50
Full Name of Contributor Jerry Hammond And Associates							Registration Number, if PAC		
Street Address 137 E. State Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 0	D 9	Y 2	Y 3	Amount 150
Full Name of Contributor Kilroy For County Commissioner							Registration Number, if PAC		
Street Address 3886 N. High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43214		M 1	D 0	Y 1	Y 3	Amount 2,500
Full Name of Contributor Shellee Fisher Davis							Registration Number, if PAC		
Street Address 8349 Breckenridge Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43235		M 1	D 0	Y 1	Y 3	Amount 50
Full Name of Contributor Ted W. Lemmon							Registration Number, if PAC		
Street Address 7833 Country Brook Lane			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Reynoldsburg		State OH	Zip Code 43068		M 1	D 0	Y 1	Y 3	Amount 2,500

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Page Total

6,280.00

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor Andrew E. Showe						Registration Number, if PAC			
Street Address 45 N. 4th Street, Suite 200			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 42315		M 1	D 0	Y 1	Y 3	Amount 125
Full Name of Contributor Columbus Apartment Association						Registration Number, if PAC #OH146			
Street Address 1225 Dublin Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 1	Y 3	Amount 1,000
Full Name of Contributor Robert M. Bernard						Registration Number, if PAC			
Street Address 3387 Shattuck Ave.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43221		M 1	D 0	Y 1	Y 3	Amount 50
Full Name of Contributor Ohio & Vicinity Regional Council						Registration Number, if PAC LA416			
Street Address 1394 Courtright Road			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43227		M 1	D 0	Y 1	Y 3	Amount 500
Full Name of Contributor Carpenters Local Union #200						Registration Number, if PAC #10288			
Street Address 1545 Alum Creek Drive			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43209		M 1	D 0	Y 1	Y 3	Amount 500
Full Name of Contributor Mark K. Milligan						Registration Number, if PAC			
Street Address P.O. Box 12333			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43212		M 1	D 0	Y 1	Y 3	Amount 1,000
Full Name of Contributor James P. Joyce						Registration Number, if PAC			
Street Address 1335 Dublin Road, Suite 100B			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215		M 1	D 0	Y 1	Y 3	Amount 2,500
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State	Zip Code		M	D	Y	Y	Amount
		OH							

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **5,675.00**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor A. R. Hutchins & Associates LTD							Registration Number, if PAC		
Street Address 17 South High Street, Suite 500			Employer/Occupation/Labor Organization* Attorney				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 4321	M 1	D 0	Y 1	Y 5	Y 0	Y 5
							Amount 250		
Full Name of Contributor Columbus Firefighters Union PAC							Registration Number, if PAC LA 839		
Street Address 1200 Dublin Road, Suite 103			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 1	Y 5	Y 0	Y 5
							Amount 1,500		
Full Name of Contributor Ronald A. Pizzuti							Registration Number, if PAC		
Street Address Two Miranova Place, Suite 800			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 1	Y 5	Y 0	Y 5
							Amount 1,500		
Full Name of Contributor Jerry Hammond And Associates							Registration Number, if PAC		
Street Address 88 E. Broad Street, Suite 1770			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 1	Y 5	Y 0	Y 5
							Amount 150		
Full Name of Contributor Nationwide Better Citizenship Fund							Registration Number, if PAC		
Street Address One Nationwide Plaza			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43215	M 1	D 0	Y 1	Y 5	Y 0	Y 5
							Amount 500		
Full Name of Contributor I.B.E.W. - C.O.P.E.							Registration Number, if PAC		
Street Address 900 Seventh Street NW			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Washington		State DC	Zip Code 20001	M 1	D 0	Y 2	Y 5	Y 0	Y 5
							Amount 2,000		
Full Name of Contributor Huntington Bancshares Inc. PAC							Registration Number, if PAC C00165589		
Street Address 41 South High Street			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code	M 1	D 0	Y 2	Y 5	Y 0	Y 5
							Amount 1,000		
Full Name of Contributor S. Robert Davis							Registration Number, if PAC		
Street Address 104 Browning Ct.			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Dublin		State OH	Zip Code 43017	M 1	D 0	Y 2	Y 5	Y 0	Y 5
							Amount 2,500		

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Page Total

9,400.00

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor Columbus Sheet Metal Workers PAC							Registration Number, if PAC OH1053		
Street Address 3035 Lamb Ave.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43219		M D Y 1 0 2 5 0 5		Amount 250	
Full Name of Contributor John P. Brinkman							Registration Number, if PAC		
Street Address 666 Broadworth Ct.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Powell		State OH		Zip Code 43066		M D Y 1 0 2 5 0 5		Amount 200	
Full Name of Contributor W.J. Young							Registration Number, if PAC		
Street Address 1763 E. Wittenberg Blvd.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Springfield		State OH		Zip Code 45506		M D Y 1 0 2 5 0 5		Amount 150	
Full Name of Contributor William P. Demora							Registration Number, if PAC		
Street Address 100 Warren Street				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Columbus		State OH		Zip Code 43215		M D Y 1 0 2 5 0 5		Amount 50	
Full Name of Contributor Timothy D. Kelton							Registration Number, if PAC		
Street Address 8210 Avondale Ridge Ct.				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dublin		State OH		Zip Code 43017		M D Y 1 0 2 5 0 5		Amount 250	
Full Name of Contributor John P. Wilkerson, Jr.							Registration Number, if PAC		
Street Address 7804 Brandonway Drive				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dublin		State OH		Zip Code 43017		M D Y 1 0 2 5 0 5		Amount 250	
Full Name of Contributor Marilee Chinnici-Zuercher							Registration Number, if PAC		
Street Address 6043 Glenbarr Place				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Dublin		State OH		Zip Code 43017		M D Y 1 0 2 5 0 5		Amount 50	
Full Name of Contributor Janet Grubb							Registration Number, if PAC		
Street Address 4062 Georgesville Road				Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check	
City Grove City		State OH		Zip Code 43123		M D Y 1 0 2 5 0 5		Amount 50	

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Page Total **11250.00**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full												
Full Name of Contributor Frank J. Cipriano							Registration Number, if PAC					
Street Address 39 E. Whittier Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43206		M 1		D 0		Y 2 5 0 5		Amount 500
Full Name of Contributor Friends For Thomas							Registration Number, if PAC					
Street Address 250 West Street, Suite 700				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43215		M 1		D 0		Y 2 5 0 5		Amount 500
Full Name of Contributor United Steelworkers of America							Registration Number, if PAC LA 766					
Street Address 777 Dearbourne Park Lane, Suite J				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43005		M 1		D 0		Y 2 5 0 5		Amount 300
Full Name of Contributor Lee M. Smith							Registration Number, if PAC					
Street Address 929 Harrison Ave., Suite 300				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43215		M 1		D 0		Y 2 5 0 5		Amount 500
Full Name of Contributor Murray Murphy Moul + Basil LLP							Registration Number, if PAC					
Street Address 326 South High Street, Suite 400				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43215		M 1		D 0		Y 2 5 0 5		Amount 1,000
Full Name of Contributor Isaac, Brant, Ledman & Teetor LLP							Registration Number, if PAC					
Street Address 250 East Broad street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43215		M 1		D 0		Y 2 5 0 5		Amount 250
Full Name of Contributor M/I Homes PAC							Registration Number, if PAC CP 1203					
Street Address 3 Easton Oval, Suite 500				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43215		M 1		D 0		Y 2 5 0 5		Amount 1,500
Full Name of Contributor Ohio AFSCME Political							Registration Number, if PAC PCE 6089					
Street Address 6805 Oak Creek Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check					
City Columbus		State OH		Zip Code 43229		M 1		D 0		Y 2 5 0 5		Amount 500

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total **5,050.00**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full									
Full Name of Contributor RED FERN 2006							Registration Number, if PAC		
Street Address 3750 Roger Drive				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Port Clinton		State OH		Zip Code 43452		M D Y 1 0 2 5 0 5		Amount 100	
Full Name of Contributor James W. Osborn							Registration Number, if PAC		
Street Address 642 Dark Star Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Gahanna		State OH		Zip Code 43230		M D Y 1 0 2 5 0 5		Amount 100	
Full Name of Contributor William H. Chavanne							Registration Number, if PAC		
Street Address 1209 Westwood Ave				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43212		M D Y 1 0 2 5 0 5		Amount 200	
Full Name of Contributor Abigail S. Wexner							Registration Number, if PAC		
Street Address				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City		State OH		Zip Code		M D Y 1 0 2 5 0 5		Amount 2,000	
Full Name of Contributor Donna A. James							Registration Number, if PAC		
Street Address ONE Miranova Pl.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43215		M D Y 1 0 2 5 0 5		Amount 1,000	
Full Name of Contributor Mental For City Council							Registration Number, if PAC		
Street Address 3886 N. High Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43214		M D Y 1 0 2 5 0 5		Amount 5,000	
Full Name of Contributor Build Pac of Central Ohio							Registration Number, if PAC		
Street Address 495 Executive Campus Dr.				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Westerville		State OH		Zip Code 43082		M D Y 1 0 2 5 0 5		Amount 1,300	
Full Name of Contributor Brooks For Commissioner							Registration Number, if PAC		
Street Address 3886 N. High Street				Employer/Occupation/Labor Organization*			Form (Cash, Check, etc.) check		
City Columbus		State OH		Zip Code 43214		M D Y 1 0 2 5 0 5		Amount 2,500	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Page Total _____

12,200.00

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full										
Full Name of Contributor McCullough A. Williams							Registration Number, if PAC			
Street Address 6171 Lyanne Court			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus		State OH	Zip Code 43231		M 1		D 0		Y 5	Amount 200
Full Name of Contributor ERIC Carmichael							Registration Number, if PAC			
Street Address 1299 Brookwood Place			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus		State OH	Zip Code 43209		M 1		D 0		Y 5	Amount 200.00
Full Name of Contributor Robert Hutchins							Registration Number, if PAC			
Street Address 411 E Town St			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check			
City Columbus		State OH	Zip Code 43215		M 1		D 0		Y 5	Amount 250
Full Name of Contributor							Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	Amount
Full Name of Contributor							Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	Amount
Full Name of Contributor							Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	Amount
Full Name of Contributor							Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	Amount
Full Name of Contributor							Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)			
City		State OH	Zip Code		M		D		Y	Amount

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee				
Full Name of Contributor Calfee, Halter/Green			Registration Number, if PAC FEC #C00351635	
Street Address 800 Superior Avenue, Suite 1400	Employer/Occupation/Labor Organization*		M 0	D 4
City Cleveland	State OH	Zip Code 44114	Y 3	Amount 150.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Thomas C. Green			Registration Number, if PAC	
Street Address 21 E. State Street	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 3	Amount 150.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Michael A. Maria			Registration Number, if PAC	
Street Address 432 fairlawn Drive	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43214	Y 3	Amount 100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Donald B. Shackelford			Registration Number, if PAC	
Street Address 21 E. State Street	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 3	Amount 5,000.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Gayle Saunders			Registration Number, if PAC	
Street Address 2788 Floribunda Drive	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43209	Y 3	Amount 100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Ty D. Marsh			Registration Number, if PAC	
Street Address 190 Rustic Place	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43214	Y 3	Amount 150.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Stewart Smith			Registration Number, if PAC	
Street Address 1638 Minturn Drive	Employer/Occupation/Labor Organization*		M 0	D 4
City New Albany	State OH	Zip Code 43054	Y 3	Amount 150.00
Form (Cash, Check, etc.) check				

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

5,800.00
Page Total \$ **6200**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee				
Full Name of Contributor Elizabeth M. Stanton			Registration Number, if PAC	
Street Address 1937 Beverly Road	Employer/Occupation/Labor Organization*		M D Y 0 4 3 0 0 5	Amount 50.00
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check	
Full Name of Contributor Bobby Singh			Registration Number, if PAC	
Street Address 7042 Cunningham Drive	Employer/Occupation/Labor Organization*		M D Y 0 4 3 0 0 5	Amount 50.00
City New Albany	State OH	Zip Code 43054	Form (Cash, Check, etc.) check	
Full Name of Contributor Connor & Behal			Registration Number, if PAC	
Street Address 501 South High Street	Employer/Occupation/Labor Organization*		M D Y 0 4 3 0 0 5	Amount 100.00
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	
Full Name of Contributor			Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M D Y	Amount
City	State	Zip Code	Form (Cash, Check, etc.)	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

Total expenditures this event.

\$0.00

\$0.00

Page Total \$

200.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee					
Full Name of Contributor Michael J. DeAscentis				Registration Number, if PAC	
Street Address P.O. Box 563		Employer/Occupation/Labor Organization*		M 0	D 4
City New Albany		State OH	Zip Code 43054	Y 3	Amount 500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Robert E. Yoakam, Jr.				Registration Number, if PAC	
Street Address 6345 Taggart Road		Employer/Occupation/Labor Organization*		M 0	D 4
City Delaware		State OH	Zip Code 43015	Y 3	Amount 500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Timothy R. Foley				Registration Number, if PAC	
Street Address 635 Brookedge Blvd.		Employer/Occupation/Labor Organization*		M 0	D 4
City Westerville		State OH	Zip Code 43081	Y 3	Amount 500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor Silver Drive Partners				Registration Number, if PAC	
Street Address 150 E. Broad Street		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43215	Y 3	Amount 500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor M/I Homes PAC				Registration Number, if PAC CP 1203	
Street Address 3 Easton Oval, Suite 500		Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus		State OH	Zip Code 43206	Y 3	Amount 500.00
Form (Cash, Check, etc.) check					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

2,500.00
Page Total \$ **2,500.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee				
Full Name of Contributor Robert J. Weiler, Jr.			Registration Number, if PAC	
Street Address 41 South High Street, Suite 200	Employer/Occupation/Labor Organization*		M 0	D 4
City Columbus	State OH	Zip Code 43215	Y 0	Amount 100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Michael McCord			Registration Number, if PAC	
Street Address 2686 Bloom Drive	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43219	Y 1	Amount 100.00
Form (Cash, Check, etc.) cash				
Full Name of Contributor Janelle N. Simmons			Registration Number, if PAC	
Street Address 2686 Bloom Drive	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43219	Y 1	Amount 100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Yvette Austin-Palmer			Registration Number, if PAC	
Street Address 5723 Willowcreek Cir	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43213	Y 1	Amount 200.00
Form (Cash, Check, etc.) check				
Full Name of Contributor David Wiles			Registration Number, if PAC	
Street Address 7615 Sarah Lee	Employer/Occupation/Labor Organization*		M 0	D 6
City Concord Township	State OH	Zip Code 44077	Y 1	Amount 250.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Christie Angel			Registration Number, if PAC	
Street Address 600 South Grant Ave.	Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus	State OH	Zip Code 43206	Y 1	Amount 100.00
Form (Cash, Check, etc.) check				
Full Name of Contributor Derrick Clay			Registration Number, if PAC	
Street Address 7717 Early Meadows Road	Employer/Occupation/Labor Organization*		M 0	D 6
City Westerville	State OH	Zip Code 43082	Y 1	Amount 100.00
Form (Cash, Check, etc.) check				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

950.00
Page Total \$ **950.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee					
Full Name of Contributor Rachel M. Milella				Registration Number, if PAC	
Street Address 413 Reinhard Ave.		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43206	Y 1	Amount 100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Edwin B. Hogan					
Street Address 2727 Mitzi Drive		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43209	Y 1	Amount 100.00
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Jeffery D. Porter					
Street Address 2584 Breanna Place		Employer/Occupation/Labor Organization*		M 0	D 6
City Reynoldsburg		State OH	Zip Code 43068	Y 1	Amount 100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Takeysa M. Sheppard					
Street Address 2637 Quarry Valley Road		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43204	Y 1	Amount 100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Jayme Patrica Moore					
Street Address 1632 Bryden Road		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43205	Y 1	Amount 100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Marcus A. Ross					
Street Address 4468 Keeler Drive		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43227	Y 1	Amount 100.00
				Form (Cash, Check, etc.) check	
Full Name of Contributor Connie Klema					
Street Address P.O. Box 991		Employer/Occupation/Labor Organization*		M 0	D 6
City Pataskala		State OH	Zip Code 43062	Y 1	Amount 100.00
				Form (Cash, Check, etc.) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

700.00
Page Total \$ **700.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee					
Full Name of Contributor Laire C. McEnery				Registration Number, if PAC	
Street Address 397 Pingree Drive		Employer/Occupation/Labor Organization*		M 0	D 6
City Worthington		State OH	Zip Code 43085	Y 1	Amount 100.00
Full Name of Contributor Bricker & Eckler PAC				Registration Number, if PAC PAC #OH 821	
Street Address 100 Third Street		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount 500.00
Full Name of Contributor Nationwide Better Citizens Fund				Registration Number, if PAC	
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount 1,000.00
Full Name of Contributor Robert Hutchins				Registration Number, if PAC	
Street Address 411 E. Town Street		Employer/Occupation/Labor Organization* Attorney		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100.00
Full Name of Contributor Wiles Boyle Burkholder & Bringardner				Registration Number, if PAC	
Street Address 115 West Main Street		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43215	Y 1	Amount 500.00
Full Name of Contributor Dawn R. Tyler				Registration Number, if PAC	
Street Address 2574 Dover Road		Employer/Occupation/Labor Organization*		M 0	D 6
City Columbus		State OH	Zip Code 43209	Y 1	Amount 200.00
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

2,400.00
Page Total \$ **2,400.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full Kevin L. Boyce For Columbus City Council Committee					
Full Name of Contributor Eric Carmichael				Registration Number, if PAC	
Street Address 1299 Brookwood Place	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1005
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check		Amount 100.00
Full Name of Contributor Oyango A. Snell				Registration Number, if PAC	
Street Address 1681 Carstare Drive	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1005
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) cash		Amount 100.00
Full Name of Contributor Amy E. Greer				Registration Number, if PAC	
Street Address 254 Buttles Ave. Apt. 2	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1005
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check		Amount 100.00
Full Name of Contributor Laurel A. Beatty				Registration Number, if PAC	
Street Address 268 E. Gates Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1005
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount 100.00
Full Name of Contributor Mysheika R. Lemaile-Williams				Registration Number, if PAC	
Street Address 324 Hanford Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1005
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount 100.00
Full Name of Contributor Anthony Jay Dascenzo				Registration Number, if PAC	
Street Address 1012 Hunter Ave.	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1005
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) check		Amount 100.00
Full Name of Contributor Judith T. Politi				Registration Number, if PAC	
Street Address 1077 Bruck Street	Employer/Occupation/Labor Organization*		M 0	D 6	Y 1005
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount 100.00

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

700.00
Page Total \$ **700.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Michael L. Silberstein				Registration Number, if PAC	
Street Address 1088 Fountain Lane, Apt. F.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43213	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Stephen J. Habash				Registration Number, if PAC	
Street Address 4851 Inisheer Court		Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin		State OH	Zip Code 43017	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Laurence G. Ruben				Registration Number, if PAC	
Street Address 140 South Columbia Ave.		Employer/Occupation/Labor Organization*		M 0	D 8
City Bexley		State OH	Zip Code 43209	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Friends of Peter Lawson Jones				Registration Number, if PAC	
Street Address 21750 Shaker Boulevard		Employer/Occupation/Labor Organization*		M 0	D 8
City Shaker Heights		State OH	Zip Code 44122	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Ohio & Vicinity Regional Council PAC				Registration Number, if PAC	
Street Address 1394 Courtright Road		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43227	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Michael S. Schiff				Registration Number, if PAC	
Street Address 400 South Parkview Avenue		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43209	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Gregory B. Comfort				Registration Number, if PAC	
Street Address 2275 Onandaga Drive		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43221	Y 1	Amount 100
				Form (Cash, Check, etc.) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

1,250.00

Page Total \$ ~~30.00~~

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor David P. Lauer				Registration Number, if PAC	
Street Address 5386 Dunniker Park Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Albert S. Hall				Registration Number, if PAC	
Street Address 322 Vine Lane	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City West Amherst	State NY	Zip Code 14228	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Rob Crane				Registration Number, if PAC	
Street Address 5600 Dublin road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Christie Angel				Registration Number, if PAC	
Street Address 600 S. Grant Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Donald T. Plank				Registration Number, if PAC	
Street Address 685 City Park Ave.	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount 250
Full Name of Contributor Penny Tipps				Registration Number, if PAC	
Street Address 6641 Sunbury Road	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1005
City Westerville	State OH	Zip Code 43082	Form (Cash, Check, etc.) check		Amount 150
Full Name of Contributor Atiba W.S. Jones				Registration Number, if PAC	
Street Address 765 Conestoga Drive	Employer/Occupation/Labor Organization*		M 0	D 8	Y 1000
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) check		Amount 100

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

900.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Paul H. Coleman				Registration Number, if PAC	
Street Address 1299 Haddon Road		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43209	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Richard C. Pfriffer				Registration Number, if PAC	
Street Address 238 East Royal Forest Blvd.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43214	Y 1	Amount 200
				Form (Cash, Check, etc.) check	
Full Name of Contributor William B. Conner				Registration Number, if PAC	
Street Address 465 South Parkview Ave. Apt. 23		Employer/Occupation/Labor Organization*		M 0	D 8
City Bexley		State OH	Zip Code 43209	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Chauncey A. Cochran				Registration Number, if PAC	
Street Address 14 East Gay Suite 400		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor A. Michael Schwarzwaldner				Registration Number, if PAC	
Street Address 357 W. Hubbard Ave.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Manoj Sethi				Registration Number, if PAC	
Street Address 7674 Johntimm Court		Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin		State OH	Zip Code 43017	Y 1	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor J. Jeffrey McNealey				Registration Number, if PAC	
Street Address 41 South High Street, 30th Floor		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 50
				Form (Cash, Check, etc.) check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

750.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor Thomas L. Kaplan			Registration Number, if PAC	
Street Address 207 East deshler Ave.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 150
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check	
Full Name of Contributor Connie Klema			Registration Number, if PAC	
Street Address P.O. Box 991	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 100
City Pataskala	State OH	Zip Code 43062	Form (Cash, Check, etc.) check	
Full Name of Contributor Don H. Brown			Registration Number, if PAC	
Street Address 3921 Lytham Court	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 100
City Upper Arlington	State OH	Zip Code 43220	Form (Cash, Check, etc.) check	
Full Name of Contributor David F. Pritchard			Registration Number, if PAC	
Street Address 1351 West First Ave.	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 200
City Columbus	State OH	Zip Code 43212	Form (Cash, Check, etc.) check	
Full Name of Contributor The Hunington Bancshares Inc. PAC			Registration Number, if PAC C00165589	
Street Address 41 South High Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 500
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor George J. Kontogiannis			Registration Number, if PAC	
Street Address 400 South Fifth Street	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 100
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Daniel M. Slane			Registration Number, if PAC	
Street Address 261 W. Johnstown road	Employer/Occupation/Labor Organization*		M D Y 0 8 1 0 0 5	Amount 100
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$ 1,250.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Vorys Sater Seymour and Pease				Registration Number, if PAC	
Street Address 52 East Gay Street		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 200
				Form (Cash, Check, etc.) check	
Full Name of Contributor Manoj Sethi				Registration Number, if PAC	
Street Address 7674 Johntimm Court		Employer/Occupation/Labor Organization*		M 0	D 8
City Dublin		State OH	Zip Code 43017	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Kevin M. Bainter				Registration Number, if PAC	
Street Address 2092 Wagon Trail Drive		Employer/Occupation/Labor Organization*		M 0	D 8
City Reynoldsburg		State OH	Zip Code 43068	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor A. James Siebert, III				Registration Number, if PAC	
Street Address 1040 Bluesail Drive		Employer/Occupation/Labor Organization*		M 0	D 8
City Westerville		State OH	Zip Code 43081	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor David E. Cutlip				Registration Number, if PAC	
Street Address 399 Lakeshore Drive West		Employer/Occupation/Labor Organization*		M 0	D 8
City Hebron		State OH	Zip Code 43025	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Mark Corna				Registration Number, if PAC	
Street Address 10153 Chelton Wood		Employer/Occupation/Labor Organization*		M 0	D 8
City Powell		State OH	Zip Code 43065	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Robert N. Shamansky				Registration Number, if PAC	
Street Address 88 East Broad Street, Suite 900		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
				Form (Cash, Check, etc.) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$ **1,550.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Hamilton J. Teaford				Registration Number, if PAC	
Street Address 91 E. Deshler Ave.		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43206	Y 1	Amount 100
Form (Cash, Check, etc.) check					
Full Name of Contributor Larry J. Hotchkiss				Registration Number, if PAC	
Street Address 1241 Dublin Road		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
Form (Cash, Check, etc.) check					
Full Name of Contributor Robert J. Weiler, Jr.				Registration Number, if PAC	
Street Address 41 South High Street, Suite 2200		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
Form (Cash, Check, etc.) check					
Full Name of Contributor Columbus firefighters Union PAC				Registration Number, if PAC LA 839	
Street Address 1380 Dublin Road		Employer/Occupation/Labor Organization*		M 0	D 8
City Columbus		State OH	Zip Code 43215	Y 1	Amount 100
Form (Cash, Check, etc.) check					
Full Name of Contributor Mark A. Wagenbrenner				Registration Number, if PAC	
Street Address 1289 Grandview Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43212	Y 2	Amount 200
Form (Cash, Check, etc.) check					
Full Name of Contributor Build PAC Of Central Ohio				Registration Number, if PAC	
Street Address 495 Executive Campus Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Westerville		State OH	Zip Code 43082	Y 1	Amount 200
Form (Cash, Check, etc.) check					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$ **800.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Warren Tyler				Registration Number, if PAC	
Street Address 3409 River Seine Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43221	Y 2	Amount 150
Form (Cash, Check, etc.) check					
Full Name of Contributor Steven M. Shellabarger				Registration Number, if PAC	
Street Address 948 Neil Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43201	Y 2	Amount 50
Form (Cash, Check, etc.) check					
Full Name of Contributor Amy Corna				Registration Number, if PAC	
Street Address 7533 Storrington Place		Employer/Occupation/Labor Organization*		M 0	D 9
City Lewis Center		State OH	Zip Code 43035	Y 2	Amount 100
Form (Cash, Check, etc.) check					
Full Name of Contributor James P. Negron				Registration Number, if PAC	
Street Address 6498 Glass Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Westerville		State OH	Zip Code 43081	Y 2	Amount 100
Form (Cash, Check, etc.) check					
Full Name of Contributor William C. Habig				Registration Number, if PAC	
Street Address 629 Jaeger Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount 35
Form (Cash, Check, etc.) check					
Full Name of Contributor Mike Mitchell				Registration Number, if PAC	
Street Address 114 1/2 Parsons		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount 35
Form (Cash, Check, etc.) cash					
Full Name of Contributor Jo Ann St. Clair				Registration Number, if PAC	
Street Address 209 Olentangy Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43202	Y 2	Amount 15
Form (Cash, Check, etc.) cash					

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

485.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Gretchen D. James				Registration Number, if PAC	
Street Address 9 Buttles Ave. Apt. 340		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount 25
				Form (Cash, Check, etc.) check	
Full Name of Contributor Charlotte B. Hickcox				Registration Number, if PAC	
Street Address 1595 Roxbury Road, Apt. J		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43212	Y 2	Amount 25
				Form (Cash, Check, etc.) check	
Full Name of Contributor Bill R. Hedrick				Registration Number, if PAC	
Street Address 838 Thurber Drive West		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount 35
				Form (Cash, Check, etc.) check	
Full Name of Contributor Barbara Poppe				Registration Number, if PAC	
Street Address 340 Clinton Heights Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43202	Y 2	Amount 35
				Form (Cash, Check, etc.) check	
Full Name of Contributor Ira B. Sully				Registration Number, if PAC	
Street Address 200 Reinhard Ave.		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount 50
				Form (Cash, Check, etc.) check	
Full Name of Contributor Eileen Y. Paley				Registration Number, if PAC	
Street Address 668 Bellamy Place		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43213	Y 2	Amount 35
				Form (Cash, Check, etc.) check	
Full Name of Contributor Betsy Becker				Registration Number, if PAC	
Street Address 6346 Angeles Drive		Employer/Occupation/Labor Organization*		M 0	D 9
City Dublin		State OH	Zip Code 43016	Y 2	Amount 35
				Form (Cash, Check, etc.) check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$ 240.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Robert Y. Farrington				Registration Number, if PAC	
Street Address 33 E. Mithoff Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43206	Y 2	Amount 40
				Form (Cash, Check, etc.) check	
Full Name of Contributor James V. Maniace				Registration Number, if PAC	
Street Address 155 W. Main Street		Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus		State OH	Zip Code 43215	Y 2	Amount 50
				Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

90.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Michael Flamm				Registration Number, if PAC	
Street Address 359 Jackson Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount 100
Full Name of Contributor Marialyce Sunami				Registration Number, if PAC	
Street Address 408 Fairwood Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43205	Form (Cash, Check, etc.) check		Amount 25
Full Name of Contributor Helen McDaniel				Registration Number, if PAC	
Street Address 419 Derrer Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43204	Form (Cash, Check, etc.) check		Amount 25
Full Name of Contributor Edward M. Dunlap				Registration Number, if PAC	
Street Address 202 East Como Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) check		Amount 25
Full Name of Contributor Janet E. Jackson				Registration Number, if PAC	
Street Address 2865 Castlewood Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check		Amount 200
Full Name of Contributor Central Ohio Realtor PAC				Registration Number, if PAC	
Street Address 2700 Airport Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) check		Amount 1,000
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

1,375

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor Kevin D. Bolding			Registration Number, if PAC	
Street Address 3965 Rio Grande Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Groveport	State OH	Zip Code 43125	Y 2	Amount 305
Form (Cash, Check, etc.) check				
Full Name of Contributor Anika S. Chandler			Registration Number, if PAC	
Street Address 1482 Brookforest Drive	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43204	Y 2	Amount 305
Form (Cash, Check, etc.) check				
Full Name of Contributor Leonard E. Scott			Registration Number, if PAC	
Street Address 2304 Wynds Court	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43232	Y 2	Amount 305
Form (Cash, Check, etc.) check				
Full Name of Contributor Michelle I. Myles			Registration Number, if PAC	
Street Address 401 Woodland Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43203	Y 2	Amount 305
Form (Cash, Check, etc.) check				
Full Name of Contributor Robyn L. Price			Registration Number, if PAC	
Street Address 7489 Liberton Place	Employer/Occupation/Labor Organization*		M 0	D 9
City Worthington	State OH	Zip Code 43085	Y 2	Amount 305
Form (Cash, Check, etc.) check				
Full Name of Contributor Georgetta Lake			Registration Number, if PAC	
Street Address 94 N. Ohio Ave.	Employer/Occupation/Labor Organization*		M 0	D 9
City Columbus	State OH	Zip Code 43203	Y 2	Amount 305
Form (Cash, Check, etc.) check				
Full Name of Contributor AK Management Services LLC			Registration Number, if PAC	
Street Address 115 Southwind Ct.	Employer/Occupation/Labor Organization*		M 0	D 9
City Gahanna	State OH	Zip Code 43230	Y 2	Amount 30
Form (Cash, Check, etc.) check				

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Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

310.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Deborah Boyce				Registration Number, if PAC	
Street Address 2748 Eastern Glenn Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) check		Amount 30
Full Name of Contributor Telesha S. Proctor-Isom				Registration Number, if PAC	
Street Address 7666 Rippinggale Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) check		Amount 10
Full Name of Contributor Karen Roberts				Registration Number, if PAC	
Street Address 3048 Southfield Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43207	Form (Cash, Check, etc.) check		Amount 10
Full Name of Contributor George Lake				Registration Number, if PAC	
Street Address 1193 Manor Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43232	Form (Cash, Check, etc.) cash		Amount 50
Full Name of Contributor Phillip Lake				Registration Number, if PAC	
Street Address 3612 Ringling Lane	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) cash		Amount 50
Full Name of Contributor Angela Vancleaf				Registration Number, if PAC	
Street Address 4327 Grays Market Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) check		Amount 25
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Form (Cash, Check, etc.)		Amount

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

175.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Ty Marsh				Registration Number, if PAC	
Street Address 57 Riverview Park Drive		Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 0 5	Amount 100
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Vicki Kaufman				Registration Number, if PAC	
Street Address 4883 Trumbo Court		Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 0 5	Amount 200
City New Albany		State OH	Zip Code 43054	Form (Cash, Check, etc.) check	
Full Name of Contributor Dale Abrams				Registration Number, if PAC	
Street Address 960 Bryden Road		Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 0 5	Amount 100
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc.) check	
Full Name of Contributor Kimberly Perfect				Registration Number, if PAC	
Street Address 251 W. Third Street		Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 0 5	Amount 100
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) check	
Full Name of Contributor Thomas & Mary Katzenmeyer				Registration Number, if PAC	
Street Address 4143 Stargrass Court		Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 0 5	Amount 1,000
City Hilliard		State OH	Zip Code 43026	Form (Cash, Check, etc.) check	
Full Name of Contributor Anthony Jay Dascenzo				Registration Number, if PAC	
Street Address 1012 Hunter Avenue		Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 0 5	Amount 100
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc.) check	
Full Name of Contributor Steven C. Anderson				Registration Number, if PAC	
Street Address 1171 Westwood Ave.		Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 0 5	Amount 100
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

1700.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full						
Full Name of Contributor Cheryl L. Pentella				Registration Number, if PAC		
Street Address 1320 McCoy Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 100
City Columbus	State OH	Zip Code 43220	Form (Cash, Check, etc.) check			
Full Name of Contributor Laura J. MacDonald				Registration Number, if PAC		
Street Address 3864 Mountview Road	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 100
City Columbus	State OH	Zip Code 43221	Form (Cash, Check, etc.) check			
Full Name of Contributor Joanne Schorsten				Registration Number, if PAC		
Street Address 9030 Barassie Place	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 100
City Dublin	State OH	Zip Code 43017	Form (Cash, Check, etc.) check			
Full Name of Contributor Marry Morrison				Registration Number, if PAC		
Street Address 5742 Fox Hollow Court	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 100
City Sylvania	State OH	Zip Code 43560	Form (Cash, Check, etc.) check			
Full Name of Contributor Kevin J. Miles				Registration Number, if PAC		
Street Address 1009 Pennsylvania Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 150
City Columbus	State OH	Zip Code 43201	Form (Cash, Check, etc.) check			
Full Name of Contributor Fred Holdridge				Registration Number, if PAC		
Street Address 763 S. Third Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 100
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check			
Full Name of Contributor Jerome E. Friedman				Registration Number, if PAC		
Street Address 332 Cliffside Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2	Amount 100
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) check			

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

750.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Neal J. Brower				Registration Number, if PAC	
Street Address 384 Reinhard Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43206	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Stephen P. Grassbaugh				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City	State OH	Zip Code	Amount 250	Form (Cash, Check, etc.) check	
Full Name of Contributor Gregg Dodd				Registration Number, if PAC	
Street Address 1616 Franklin Ave.	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43205	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Jan Allen				Registration Number, if PAC	
Street Address 2125 Lane Woods Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43221	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Lynn A. Greer				Registration Number, if PAC	
Street Address 1200 Chambers Road Suite 410	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2
City Columbus	State OH	Zip Code 43212	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Catherine L. Ferrai				Registration Number, if PAC	
Street Address 5050 Glentangy River Rd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43214	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor William B. Conner				Registration Number, if PAC	
Street Address 465 South Parkview Ave	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Bexley	State OH	Zip Code 43209	Amount 100	Form (Cash, Check, etc.) check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$ 850.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor Michael L. Silberstein			Registration Number, if PAC	
Street Address 1088 Fountain Lane, Apt F.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 0 5	Amount 25
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) check	
Full Name of Contributor Robert H. Jeffrey			Registration Number, if PAC	
Street Address 296 Ashbourne Place	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 0 5	Amount 100
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Edward M. Dunlap			Registration Number, if PAC	
Street Address 202 E. Como Ave.	Employer/Occupation/Labor Organization*		M D Y 0 9 2 3 0 5	Amount 50
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) check	
Full Name of Contributor Boyce Safford, III			Registration Number, if PAC	
Street Address 3451 Society Hill Court	Employer/Occupation/Labor Organization*		M D Y 1 0 1 3 0 5	Amount 30
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) check	
Full Name of Contributor Timothy E. Liggins			Registration Number, if PAC	
Street Address 3146 Cumberland Woods Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 1 3 0 5	Amount 25
City Columbus	State OH	Zip Code 43219	Form (Cash, Check, etc.) check	
Full Name of Contributor Angela C. Vancleaf			Registration Number, if PAC	
Street Address 4327 Grays Market Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 1 3 0 5	Amount 50
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor Atiba W. S. Jones			Registration Number, if PAC	
Street Address 765 Conestoga Drive	Employer/Occupation/Labor Organization*		M D Y 1 0 1 3 0 5	Amount 50
City Columbus	State OH	Zip Code 43213	Form (Cash, Check, etc.) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

330.00
Page Total \$ **330.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Robert W. Crosby				Registration Number, if PAC	
Street Address 1520 thurell Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43229	Y 1	Amount 25
Form (Cash, Check, etc.) check					
Full Name of Contributor Valerie R. Harrell				Registration Number, if PAC	
Street Address 1449 Cottingham Court West		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 1	Amount 50
Form (Cash, Check, etc.) check					
Full Name of Contributor Hearcel F. Craig				Registration Number, if PAC	
Street Address 5944 Shana Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43232	Y 1	Amount 25
Form (Cash, Check, etc.) check					
Full Name of Contributor Channing & Associates				Registration Number, if PAC	
Street Address 510 E. Mound Street, Suite 200		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 200
Form (Cash, Check, etc.) check					
Full Name of Contributor Michelle I. Myles				Registration Number, if PAC	
Street Address 401 Woodland Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43203	Y 1	Amount 25
Form (Cash, Check, etc.) check					
Full Name of Contributor Lori M. Tyack				Registration Number, if PAC	
Street Address 947 Clubview Boulevard North		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43235	Y 1	Amount 25
Form (Cash, Check, etc.) check					
Full Name of Contributor Timothy Myles				Registration Number, if PAC	
Street Address 401 Woodland Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43203	Y 1	Amount 25
Form (Cash, Check, etc.) check					

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

375.00
Page Total \$ 10.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Mark Barbash				Registration Number, if PAC	
Street Address 718 Euclaire		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 1	Amount 305
Form (Cash, Check, etc.) check					
Full Name of Contributor Mary Jo Hudson				Registration Number, if PAC	
Street Address 955 Delaware Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43201	Y 1	Amount 305
Form (Cash, Check, etc.) check					
Full Name of Contributor Derek H. Anderson				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 1	D 0
City		State OH	Zip Code	Y 1	Amount 305
Form (Cash, Check, etc.) check					
Full Name of Contributor Thomas W. Gibson				Registration Number, if PAC	
Street Address 5470 North Meadow		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43229	Y 1	Amount 305
Form (Cash, Check, etc.) check					
Full Name of Contributor Jocelyn D. Neely				Registration Number, if PAC	
Street Address 1921 Mountain Oak Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43219	Y 1	Amount 305
Form (Cash, Check, etc.) check					
Full Name of Contributor Clarence D. Lumpkin				Registration Number, if PAC	
Street Address 1330 East 20th Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43211	Y 1	Amount 305
Form (Cash, Check, etc.) check					
Full Name of Contributor Friends of Rick Pfeiffer Committee				Registration Number, if PAC	
Street Address 88 E. Broad Street, Suite 1250		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 305
Form (Cash, Check, etc.) check					

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

Page Total \$

1,300.00

done

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Paul H. Coleman				Registration Number, if PAC	
Street Address 1299 Haddon Road		Employer/Occupation/Labor Organization* Attorney		M 1 0 1 3 0 5	D Y Amount 25
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Newton L. Burris				Registration Number, if PAC	
Street Address 3526 Livmoor Drive		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 25
City Columbus		State OH	Zip Code 43227	Form (Cash, Check, etc.) check	
Full Name of Contributor Steven N. Rosenthal				Registration Number, if PAC	
Street Address 5272 Rockport Street		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 40
City Columbus		State OH	Zip Code 43235	Form (Cash, Check, etc.) check	
Full Name of Contributor Leonard E. Scott				Registration Number, if PAC	
Street Address 2304 Wynds Ct.		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 50
City Columbus		State OH	Zip Code 43232	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael E. Hariston				Registration Number, if PAC	
Street Address 1359 Acheson Street		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 50
City Columbus		State OH	Zip Code 43203	Form (Cash, Check, etc.) check	
Full Name of Contributor Michelle I. Myles				Registration Number, if PAC	
Street Address 401 Woodland Ave.		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 25
City Columbus		State OH	Zip Code 43203	Form (Cash, Check, etc.) check	
Full Name of Contributor Kevin L. Dixon				Registration Number, if PAC	
Street Address 1568 Kenview Road		Employer/Occupation/Labor Organization*		M 1 0 1 3 0 5	D Y Amount 100
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

315.00
Page Total \$ ~~315.00~~

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Yvette McGee Brown				Registration Number, if PAC	
Street Address 643 Crossing Creek		Employer/Occupation/Labor Organization*		M 1	D 0
City Gahanna		State OH	Zip Code 43230	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Evangeline Woods				Registration Number, if PAC	
Street Address 672 Rainbow Park		Employer/Occupation/Labor Organization* AP Specialist/Mt. Carmel		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 1	Amount 10
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Ed Leonard				Registration Number, if PAC	
Street Address 4025 Berrybush Drive		Employer/Occupation/Labor Organization* Franklin Count Tres. Office		M 1	D 0
City Gahanna		State OH	Zip Code 43230	Y 1	Amount 35
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Bob Vaughan				Registration Number, if PAC	
Street Address 808 Parsons Ave.		Employer/Occupation/Labor Organization* Car Dealer/Vaughan Motor		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 1	Amount 25
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Mark Smith				Registration Number, if PAC	
Street Address 1260 South Champion		Employer/Occupation/Labor Organization* Target Logistics		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 1	Amount 25
				Form (Cash, Check, etc.) cash	
Full Name of Contributor Don L. Brown				Registration Number, if PAC	
Street Address 3921 Lytham Ct.		Employer/Occupation/Labor Organization*		M 1	D 0
City Upper Arlington		State OH	Zip Code 43220	Y 1	Amount 75
				Form (Cash, Check, etc.) check	
Full Name of Contributor Larry D. Danduran				Registration Number, if PAC	
Street Address 562 Gleaming Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Galloway		State OH	Zip Code 43119	Y 1	Amount 25
				Form (Cash, Check, etc.) check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

445.00
~~20.00~~
Page Total \$

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor Marian L. Harris				Registration Number, if PAC			
Street Address 5145 Holbrook Drive		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Columbus		State OH	Zip Code 43232	1	0	1	5
				0	5	25	
Form (Cash, Check, etc.) check							
Full Name of Contributor Joseph F. Meara				Registration Number, if PAC			
Street Address 330 Medick way		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City Worthington		State OH	Zip Code 43085	1	0	2	5
				0	5	50	
Form (Cash, Check, etc.) check							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Form (Cash, Check, etc.)							
Full Name of Contributor				Registration Number, if PAC			
Street Address		Employer/Occupation/Labor Organization*		M	D	Y	Amount
City		State	Zip Code				
Form (Cash, Check, etc.)							

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Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

75.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Thomas A. Rankin				Registration Number, if PAC	
Street Address 996 Poopy hills Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Blacklick	State OH	Zip Code 43004	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Joseph Thomas				Registration Number, if PAC	
Street Address 7719 Holderman Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Lewis Center	State OH	Zip Code 43035	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Stacey M. Giller				Registration Number, if PAC	
Street Address 3161 Summerwood Court	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Galena	State OH	Zip Code 43021	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Michael J. Kenney				Registration Number, if PAC	
Street Address 154 Cameron Ridge Drive	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43235	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Frank J. Cipriano				Registration Number, if PAC	
Street Address 39 E. Whittier Street	Employer/Occupation/Labor Organization*		M 0	D 9	Y 2305
City Columbus	State OH	Zip Code 43206	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Daniel M. Slane				Registration Number, if PAC	
Street Address 261 W. Johnstown Road	Employer/Occupation/Labor Organization* Attorney		M 1	D 0	Y 1305
City Columbus	State OH	Zip Code 43230	Form (Cash, Check, etc.) check		Amount 500
Full Name of Contributor Newton L. Burris				Registration Number, if PAC	
Street Address 3526 Livmoor Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1305
City Columbus	State OH	Zip Code 43227	Form (Cash, Check, etc.) check		Amount 1,000

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

4,000.00
Page Total \$ 10.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Jill K. Tangeman				Registration Number, if PAC	
Street Address 1138 Sea Shell Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Westerville		State OH	Zip Code 4308	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Otto Beatty, III				Registration Number, if PAC	
Street Address 600 South Grant Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor SZD Government Advocates LLC				Registration Number, if PAC	
Street Address 250 West Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Daniel R. Helmick				Registration Number, if PAC	
Street Address 2050 Ellington Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 1	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Robert W. Campbell				Registration Number, if PAC	
Street Address 227 Cottswold Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Delaware		State OH	Zip Code 43015	Y 1	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Porter Wright Morris & Arthur LLP				Registration Number, if PAC	
Street Address 41 South High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 1,500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Richard J. Conie				Registration Number, if PAC	
Street Address 3900 Tarrington Lane		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43220	Y 1	Amount 500
				Form (Cash, Check, etc.) check	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

4,000.00
Page Total \$ ~~1200~~

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Macy T. Block				Registration Number, if PAC	
Street Address 8581 Dunsinane Drive		Employer/Occupation/Labor Organization*		M 1 D 0 Y 1 3 0 5	Amount 500
City Dublin		State OH	Zip Code 43017	Form (Cash, Check, etc.) check	
Full Name of Contributor Franz Geiger				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 1 D 0 Y 1 3 0 5	Amount 500
City		State OH	Zip Code	Form (Cash, Check, etc.) check	
Full Name of Contributor J.B. Igel				Registration Number, if PAC	
Street Address 1033 Zodiac Ave.		Employer/Occupation/Labor Organization*		M 1 D 0 Y 1 3 0 5	Amount 400
City Gahanna		State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor Patrick J. Kelley				Registration Number, if PAC	
Street Address 2712 Bexley Park		Employer/Occupation/Labor Organization*		M 1 D 0 Y 1 3 0 5	Amount 500
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Adam Lewin				Registration Number, if PAC	
Street Address 2690 Bryden Road		Employer/Occupation/Labor Organization*		M 1 D 0 Y 1 3 0 5	Amount 500
City Columbus		State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Chalres E. Ruma				Registration Number, if PAC	
Street Address 3485 Brockton Ct.		Employer/Occupation/Labor Organization*		M 1 D 0 Y 1 3 0 5	Amount 500
City Powell		State OH	Zip Code 43065	Form (Cash, Check, etc.) check	
Full Name of Contributor Thomas E. Mosure				Registration Number, if PAC	
Street Address 4250 Dublin Road		Employer/Occupation/Labor Organization*		M 1 D 0 Y 1 3 0 5	Amount 500
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

3,400.00
Page Total \$ ~~3,400.00~~

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Nelson E. Kohman				Registration Number, if PAC	
Street Address 10039 Hollow Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Pataskala		State OH	Zip Code 43062	Y 1	Amount 500
Form (Cash, Check, etc.) check					
Full Name of Contributor James T. Merkel				Registration Number, if PAC	
Street Address 7693 Sudbrook Square West		Employer/Occupation/Labor Organization*		M 1	D 0
City New Albany		State OH	Zip Code 43054	Y 1	Amount 500
Form (Cash, Check, etc.) check					
Full Name of Contributor George J. Sicaras				Registration Number, if PAC	
Street Address 2460 N. High Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43202	Y 1	Amount 50
Form (Cash, Check, etc.) check					
Full Name of Contributor Chad P. Wick				Registration Number, if PAC	
Street Address 7923 Hopper Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Cincinnati		State OH	Zip Code 45255	Y 1	Amount 1,000
Form (Cash, Check, etc.) check					
Full Name of Contributor John W. Royer				Registration Number, if PAC	
Street Address 10 West Broad Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 500
Form (Cash, Check, etc.) check					
Full Name of Contributor Nationwide Better Citizens Fund				Registration Number, if PAC OH259	
Street Address One Nationwide Plaza		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 1	Amount 1,000
Form (Cash, Check, etc.) check					
Full Name of Contributor Michael S. Schiff				Registration Number, if PAC	
Street Address 400 S. Parkview Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 1	Amount 250
Form (Cash, Check, etc.) check					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

3,800.00
Page Total \$ **1000**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Vorys Sater Seymour And Pease LLP				Registration Number, if PAC	
Street Address 52 E. Gay Street		Employer/Occupation/Labor Organization*		M D Y	Amount
Columbus		OH 43215		1 0 1 3 0 5	1,000
Form (Cash, Check, etc.) check					
Full Name of Contributor Jonathan E. Kass				Registration Number, if PAC	
Street Address 19 Wiveliscombe		Employer/Occupation/Labor Organization*		M D Y	Amount
New Albany		OH 43054		1 0 1 5 0 5	100
Form (Cash, Check, etc.) check					
Full Name of Contributor Kenton R. Bowen				Registration Number, if PAC	
Street Address 2396 W. Lane Ave.		Employer/Occupation/Labor Organization*		M D Y	Amount
Columbus		OH 43221		1 0 1 5 0 5	100
Form (Cash, Check, etc.) check					
Full Name of Contributor Jeffrey A. Strung				Registration Number, if PAC	
Street Address 350 Potomac Court		Employer/Occupation/Labor Organization*		M D Y	Amount
Westerville		OH 43082		1 0 1 5 0 5	500
Form (Cash, Check, etc.) check					
Full Name of Contributor James D. Casto				Registration Number, if PAC	
Street Address 6241 Riverside Drive, Suite 25		Employer/Occupation/Labor Organization*		M D Y	Amount
Dublin		OH 43017		1 0 1 5 0 5	250
Form (Cash, Check, etc.) check					
Full Name of Contributor Scott Wilson Schiff				Registration Number, if PAC	
Street Address 503 S. Front Street, Suite 205		Employer/Occupation/Labor Organization*		M D Y	Amount
Columbus		OH 43215		1 0 1 5 0 5	250
Form (Cash, Check, etc.) check					
Full Name of Contributor Jeffrey L. Brown				Registration Number, if PAC	
Street Address 37 West Broad Street		Employer/Occupation/Labor Organization*		M D Y	Amount
Columbus		OH 43215		1 0 1 5 0 5	500
Form (Cash, Check, etc.) check					

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$ **2,700.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Jackson B. Reynolds, III				Registration Number, if PAC	
Street Address 37 West Broad Street	Employer/Occupation/Labor Organization* Attorney/Smith & Hale		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43215	Amount 500	Form (Cash, Check, etc.) check	
Full Name of Contributor Connie J. Klema				Registration Number, if PAC	
Street Address 100 Zellers	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Pataskala	State OH	Zip Code 43062	Amount 600	Form (Cash, Check, etc.) check	
Full Name of Contributor Michael P. Glimcher				Registration Number, if PAC	
Street Address 4130 E. Fifth Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43219	Amount 500	Form (Cash, Check, etc.) check	
Full Name of Contributor SBC Ohio Employee PAC				Registration Number, if PAC	
Street Address 150 East Gay Street, Room 4A	Employer/Occupation/Labor Organization*		M 1	D 0	Y 2
City Columbus	State OH	Zip Code 43215	Amount 500	Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Amount	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State OH	Zip Code	Amount	Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address	Employer/Occupation/Labor Organization*		M	D	Y
City	State	Zip Code	Amount	Form (Cash, Check, etc.)	

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$ 2,100.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor Margurite H. Turnbull				Registration Number, if PAC			
Street Address 4590 Knightsbridge Blvd., Apt. 301		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	35
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) check			
Full Name of Contributor J. Anthony Logan				Registration Number, if PAC			
Street Address 4740 Hayden Run Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	100
City Columbus		State OH	Zip Code 43221	Form (Cash, Check, etc.) check			
Full Name of Contributor Frank Macke				Registration Number, if PAC			
Street Address 370 E.Cook Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	300
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) check			
Full Name of Contributor Robert M. Snow, Jr.				Registration Number, if PAC			
Street Address 1379 Wyandotte Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	50
City Columbus		State OH	Zip Code 43212	Form (Cash, Check, etc.) check			
Full Name of Contributor Barbara Poppe				Registration Number, if PAC			
Street Address 340 Clinton Heights Ave.		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	100
City Columbus		State OH	Zip Code 43202	Form (Cash, Check, etc.) check			
Full Name of Contributor Deborah M. Craford				Registration Number, if PAC			
Street Address 33 Glencoe Road		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	100
City Columbus		State OH	Zip Code 43214	Form (Cash, Check, etc.) check			
Full Name of Contributor Michael J. Wihl				Registration Number, if PAC			
Street Address 764 1/2 South Sixth Street		Employer/Occupation/Labor Organization*		M	D	Y	Amount
				1	0	1	35
City Columbus		State OH	Zip Code 43206	Form (Cash, Check, etc.) check			

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

720.00
Page Total \$ **720.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Anthony Jay Dascenzo				Registration Number, if PAC	
Street Address 1012 Hunter Ave.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43201	Amount 100	Form (Cash, Check, etc.) check	
Full Name of Contributor Donald J. McTigue				Registration Number, if PAC	
Street Address 3886 N. High Street	Employer/Occupation/Labor Organization* Attonrey		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43214	Amount 300	Form (Cash, Check, etc.) check	
Full Name of Contributor Jo Ann St. Clair				Registration Number, if PAC	
Street Address 209 Olentangy Street	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43202	Amount 25	Form (Cash, Check, etc.) check	
Full Name of Contributor Dan Stewart				Registration Number, if PAC	
Street Address 947 Goodale Blvd. Suite 201	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Columbus	State OH	Zip Code 43212	Amount 50	Form (Cash, Check, etc.) check	
Full Name of Contributor Kelly O'Reilly				Registration Number, if PAC	
Street Address 446 Howland Drive	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Gahanna	State OH	Zip Code 43230	Amount 35	Form (Cash, Check, etc.) check	
Full Name of Contributor James R. Rishel				Registration Number, if PAC	
Street Address 7288 Lee Road	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Westerville	State OH	Zip Code 43081	Amount 50	Form (Cash, Check, etc.) check	
Full Name of Contributor Arthur M. Phillips				Registration Number, if PAC	
Street Address 3453 Oak Bend Blvd.	Employer/Occupation/Labor Organization*		M 1	D 0	Y 1
City Canal Winchester	State OH	Zip Code 43110	Amount 35	Form (Cash, Check, etc.) check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

1,315.00
Page Total \$ **1,315.00**

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor Tony Klco			Registration Number, if PAC	
Street Address 76 W. Tulane Road	Employer/Occupation/Labor Organization* ARK Productions		M 1 0 1 5 0 5	D Y Amount 50
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) check	
Full Name of Contributor Edward Leonard			Registration Number, if PAC	
Street Address 4025 Berrybush Drive	Employer/Occupation/Labor Organization* Franklin County Tres.		M 1 0 1 5 0 5	D Y Amount 50
City Gahanna	State OH	Zip Code 43230	Form (Cash, Check, etc.) check	
Full Name of Contributor The Brunner Firm CO., LPA			Registration Number, if PAC	
Street Address 545 East Town Street	Employer/Occupation/Labor Organization* Attorney		M 1 0 1 5 0 5	D Y Amount 35
City Columbus	State OH	Zip Code 43215	Form (Cash, Check, etc.) check	
Full Name of Contributor Martha McFerran			Registration Number, if PAC	
Street Address 43 Fallis Road	Employer/Occupation/Labor Organization*		M 1 0 2 5 0 5	D Y Amount 25
City Columbus	State OH	Zip Code 43214	Form (Cash, Check, etc.) check	
Full Name of Contributor Cynthia L. Ruccia			Registration Number, if PAC	
Street Address 1036 Grandon Ave.	Employer/Occupation/Labor Organization*		M 1 0 2 5 0 5	D Y Amount 35
City Columbus	State OH	Zip Code 43209	Form (Cash, Check, etc.) check	
Full Name of Contributor Michele A. Pearson			Registration Number, if PAC	
Street Address 231 Ellis Place	Employer/Occupation/Labor Organization*		M 1 0 2 5 0 5	D Y Amount 35
City Marion	State OH	Zip Code 43302	Form (Cash, Check, etc.) check	
Full Name of Contributor Oliver P. Jones			Registration Number, if PAC	
Street Address 113 W. Como Ave.	Employer/Occupation/Labor Organization*		M 1 0 2 5 0 5	D Y Amount 50
City Columbus	State OH	Zip Code 43202	Form (Cash, Check, etc.) check	

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Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

\$0.00

Total expenditures this event.

\$0.00

286.00
Page Total \$ ~~00.00~~

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full							
Full Name of Contributor Teamsters Local Union 284					Registration Number, if PAC		
Street Address 555 E. Rich Street		Employer/Occupation/Labor Organization*			M	D	Y
City Columbus		State OH	Zip Code 43215		0	9	2
					3	0	5
					Amount 300		
Form (Cash, Check, etc.) check							
Full Name of Contributor							
Street Address					Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor							
Street Address					Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor							
Street Address					Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor							
Street Address					Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor							
Street Address					Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		
Full Name of Contributor							
Street Address					Registration Number, if PAC		
Employer/Occupation/Labor Organization*		M	D	Y	Amount		
City		State OH	Zip Code		Form (Cash, Check, etc.)		

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

300.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor David R. Schooler				Registration Number, if PAC	
Street Address 273 E. Sycamore Street		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43206	Y 2	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Susan J. Insley				Registration Number, if PAC	
Street Address 4972 Tempe Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Powell		State OH	Zip Code 43065	Y 2	Amount 250
				Form (Cash, Check, etc.) check	
Full Name of Contributor Grant Morrow III				Registration Number, if PAC	
Street Address 253 N. Columbia Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 2	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Barbara Trueman				Registration Number, if PAC	
Street Address 5490 Hayden Run Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Hilliard		State OH	Zip Code 43026	Y 2	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Jacqueline J. Royster				Registration Number, if PAC	
Street Address 6272 Highgate Place		Employer/Occupation/Labor Organization*		M 1	D 0
City Lewis Center		State OH	Zip Code 43035	Y 2	Amount 150
				Form (Cash, Check, etc.) check	
Full Name of Contributor Michael Gonsiorowski				Registration Number, if PAC	
Street Address One Miranova Place		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43215	Y 2	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Robert H. Jeffrey				Registration Number, if PAC	
Street Address 296 Ashbourne Place		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 2	Amount 500
				Form (Cash, Check, etc.) check	

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Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$ 2,100.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Barbara K. Brandt				Registration Number, if PAC	
Street Address 2333 Brentwood Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43209	Y 2	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Kerri Anderson				Registration Number, if PAC	
Street Address 2525 Wimbledon Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43220	Y 2	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor M. Jameson Crane				Registration Number, if PAC	
Street Address 2289 Onandaga Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43221	Y 2	Amount 100
				Form (Cash, Check, etc.) check	
Full Name of Contributor Ann B. Crane				Registration Number, if PAC	
Street Address 3600 Kitzmiller Road		Employer/Occupation/Labor Organization*		M 1	D 0
City New Albany		State OH	Zip Code 43054	Y 2	Amount 500
				Form (Cash, Check, etc.) check	
Full Name of Contributor Robert Lazarus, Jr.				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code	Y 2	Amount 200
				Form (Cash, Check, etc.) check	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State OH	Zip Code	Y	Amount
				Form (Cash, Check, etc.)	

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

1,400.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full				
Full Name of Contributor Jamie A. Liggins			Registration Number, if PAC	
Street Address 3146 Cumberland Woods Drive	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43219	Y 2	Amount 50
Form (Cash, Check, etc.) check				
Full Name of Contributor Tamiko M. Carter			Registration Number, if PAC	
Street Address 5748 Satinwood Drive	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43229	Y 2	Amount 25
Form (Cash, Check, etc.) check				
Full Name of Contributor Joycelyn D. Neely			Registration Number, if PAC	
Street Address 1921 Mountain Oak Road	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43219	Y 2	Amount 10
Form (Cash, Check, etc.) check				
Full Name of Contributor Nicolina Catalogna			Registration Number, if PAC	
Street Address 2577 Hubbell Road	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43232	Y 2	Amount 50
Form (Cash, Check, etc.) check				
Full Name of Contributor Kathy Angela Owens			Registration Number, if PAC	
Street Address 2550 Tucker Trail	Employer/Occupation/Labor Organization*		M 1	D 0
City Lewis Center	State OH	Zip Code 43035	Y 2	Amount 25
Form (Cash, Check, etc.) check				
Full Name of Contributor Jamie A. Liggins			Registration Number, if PAC	
Street Address 3146 Cumberland Woods Drive	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43219	Y 2	Amount 75
Form (Cash, Check, etc.) check				
Full Name of Contributor Tara Brown			Registration Number, if PAC	
Street Address 6070 Whitman Road	Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus	State OH	Zip Code 43213	Y 2	Amount 25
Form (Cash, Check, etc.) check				

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Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$

260.00

Statement of Contributions Received at a Social or Fund-Raising Event

Prescribed by Secretary of State 03/05

Name of Committee in Full					
Full Name of Contributor Katina M. Burris				Registration Number, if PAC	
Street Address 13752 Mottlesone Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Pickerington		State OH	Zip Code 43147	Y 2	Amount 5
Form (Cash, Check, etc.) check					
Full Name of Contributor Michelle I. Myles				Registration Number, if PAC	
Street Address 401 Woodland Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43203	Y 2	Amount 5
Form (Cash, Check, etc.) check					
Full Name of Contributor Diane M. Ivery				Registration Number, if PAC	
Street Address 2665 Marview		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43219	Y 2	Amount 5
Form (Cash, Check, etc.) check					
Full Name of Contributor Gail A. White-Dixon				Registration Number, if PAC	
Street Address 1652 Bryden Road		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43205	Y 2	Amount 5
Form (Cash, Check, etc.) check					
Full Name of Contributor Charlene White				Registration Number, if PAC	
Street Address 2510 Sunbury Drive		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43219	Y 2	Amount 5
Form (Cash, Check, etc.) check					
Full Name of Contributor Lataisha Goins				Registration Number, if PAC	
Street Address 1477 Elmore Ave.		Employer/Occupation/Labor Organization*		M 1	D 0
City Columbus		State OH	Zip Code 43224	Y 2	Amount 50
Form (Cash, Check, etc.) check					
Full Name of Contributor				Registration Number, if PAC	
Street Address		Employer/Occupation/Labor Organization*		M	D
City		State	Zip Code	Y	Amount
Form (Cash, Check, etc.)					

* Required for contributions from individuals over \$100 to statewide and General Assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column

Total contributions this event

0.00

Total expenditures this event.

0.00

Page Total \$ **175.00**

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full									
To Whom Paid Steven Hightower						M	D	Y	Amount
						0	9	0	1 0 5 750
Address 258 Lane Ave.				Purpose consulting fees					
City Columbus				State OH	Zip Code 43201		Check Number 1291		
To Whom Paid U. S. Postmaster						M	D	Y	Amount
						0	9	0	7 0 5 240.50
Address 850 Twins River Drive				Purpose postage					
City Columbus				State OH	Zip Code 43216		Check Number 1292		
To Whom Paid Mallory For Citizens						M	D	Y	Amount
						0	9	0	7 0 5 500
Address				Purpose contribution					
City				State OH	Zip Code		Check Number 1293		
To Whom Paid Jack Ford for Mayor						M	D	Y	Amount
						0	9	0	7 0 5 250
Address				Purpose contribution					
City				State OH	Zip Code		Check Number 1294		
To Whom Paid Steven Hightower						M	D	Y	Amount
						0	9	1	5 0 5 750
Address 258 Lane Ave.				Purpose consulting fees					
City Columbus				State OH	Zip Code 43201		Check Number 1295		
To Whom Paid Steven Hightower						M	D	Y	Amount
						0	9	1	5 0 5 32
Address 258 Lane Ave				Purpose food for campaign workers					
City Columbus				State OH	Zip Code 43201		Check Number 1296		
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount
						0	9	2	9 0 5 100
Address 271 East State Street				Purpose Ballot breakfast					
City Columbus				State OH	Zip Code 43215		Check Number 1297		
To Whom Paid St. Stephen's Community House						M	D	Y	Amount
						0	9	2	9 0 5 100
Address				Purpose parade fee					
City Columbus				State OH	Zip Code		Check Number 1298		

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full											
To Whom Paid Steven Hightower							M	D	Y	Amount	
							0	7	2	905	750
Address 258 Lane Ave.				Purpose consulting fees							
City Columbus				State OH	Zip Code 43201		Check Number 1283				
To Whom Paid Coleen Sparks							M	D	Y	Amount	
							0	8	1	505	52
Address				Purpose reimbursement for postage							
City Columbus				State OH	Zip Code		Check Number 1284				
To Whom Paid Steven Hightower							M	D	Y	Amount	
							0	8	1	505	750
Address 258 Lane Ave.				Purpose consulting fees							
City Columbus				State OH	Zip Code 43201		Check Number 1285				
To Whom Paid Peerless Printing							M	D	Y	Amount	
							0	8	2	205	985.15
Address				Purpose newsletter							
City Columbus				State OH	Zip Code 43201		Check Number 1286				
To Whom Paid U. S. Postmaster							M	D	Y	Amount	
							0	8	2	405	333.13
Address 850 Twin Rivewrs Drive				Purpose Postage							
City Columbus				State OH	Zip Code 43216		Check Number 1287				
To Whom Paid Club 185							M	D	Y	Amount	
							0	8	2	405	190
Address 185 Livingston Ave.				Purpose food							
City Columbus				State OH	Zip Code 43215		Check Number 1288				
To Whom Paid Steven Hightower							M	D	Y	Amount	
							0	8	2	605	125
Address 258 Lane Ave.				Purpose office supplies							
City Columbus				State OH	Zip Code 43215		Check Number 1289				
To Whom Paid Tactical Edge, LTD							M	D	Y	Amount	
							0	9	0	105	2,000
Address 929 Harrison Ave, Suite 305				Purpose consulting fees							
City Columbus				State OH	Zip Code 43215		Check Number 1290				

4,885.28
Page Total ~~30.00~~

Statement of Expenditures

Prescribed by Secretary of State 2/01

Page _____

Name of Committee in Full									
To Whom Paid Steven Hightower						M	D	Y	Amount
						0	7	1	505 750
Address 258 Lane Ave.				Purpose consulting fees					
City Columbus				State OH	Zip Code 43201	Check Number 1271			
To Whom Paid Due Amici						M	D	Y	Amount
						0	7	1	505 380.93
Address E. Gay Street				Purpose campaign food					
City Columbus				State OH	Zip Code 43215	Check Number 1276			
To Whom Paid Coleen Sparks						M	D	Y	Amount
						0	7	1	505 91
Address				Purpose reimbursement for postage					
City Columbus				State OH	Zip Code	Check Number 1277			
To Whom Paid Steven Hightower						M	D	Y	Amount
						0	7	1	505 110
Address 258 Lane Ave.				Purpose rental of helium tanks					
City Columbus				State OH	Zip Code 43201	Check Number 1278			
To Whom Paid Steven Hightower						M	D	Y	Amount
						0	7	1	505 30
Address 258 Lane Ave.				Purpose reimbursement for invitations					
City Columbus				State OH	Zip Code 43201	Check Number 1279			
To Whom Paid Peerless Printing						M	D	Y	Amount
						0	7	1	505 249
Address				Purpose letterhead					
City Columbus				State OH	Zip Code	Check Number 1280			
To Whom Paid Due Amici						M	D	Y	Amount
						0	7	2	805 281.93
Address E. Gay Street				Purpose catering					
City Columbus				State OH	Zip Code 43215	Check Number 1281			
To Whom Paid Tactical Edge, LTD						M	D	Y	Amount
						0	7	2	905 2,000
Address 929 Harrison Ave, Suite 305				Purpose consulting fees					
City Columbus				State OH	Zip Code 43215	Check Number 1282			

3,892.86
Page Total ~~3,000~~

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full												
To Whom Paid The Feldman Group, Inc.						M	D	Y	Amount			
						0	6	1	3	0	5	4,268
Address				Purpose polling								
City				State	Zip Code	Check Number						
				OH		1267						
To Whom Paid Tactical Edge, LTD						M	D	Y	Amount			
						0	6	1	3	0	5	2,000
Address				Purpose Consulting fees								
929 Harrison Ave., Suite 305												
City				State	Zip Code	Check Number						
Columbus				OH	43215	1268						
To Whom Paid Tactical Edge, LTD						M	D	Y	Amount			
						0	6	1	3	0	5	45
Address				Purpose art work design								
929 Harrison Ave., Suite 305												
City				State	Zip Code	Check Number						
Columbus				OH	43215	1269						
To Whom Paid Steven Hightower						M	D	Y	Amount			
						0	6	1	3	0	5	750
Address				Purpose consulting fees								
258 Lane Ave.												
City				State	Zip Code	Check Number						
Columbus				OH	43201	1270						
To Whom Paid Steven Hightower						M	D	Y	Amount			
						0	6	1	3	0	5	45
Address				Purpose office supplies								
258 Lane Ave.												
City				State	Zip Code	Check Number						
Columbus				OH	43201	1272						
To Whom Paid Steven Hightower						M	D	Y	Amount			
						0	6	3	0	0	5	750
Address				Purpose consulting fees								
258 Lane Ave.												
City				State	Zip Code	Check Number						
Columbus				OH	43201	1273						
To Whom Paid Tactical Edge, LTD						M	D	Y	Amount			
						0	7	0	8	0	5	2,000
Address				Purpose consulting fees								
929 Harrison Ave., Suite 305												
City				State	Zip Code	Check Number						
Columbus				OH	43215	1274						
To Whom Paid SMK Advertising						M	D	Y	Amount			
						0	7	0	8	0	5	283
Address				Purpose campaign supplies								
City				State	Zip Code	Check Number						
				OH		1275						

10,141.00
Page Total ~~10.00~~

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full												
To Whom Paid Capital Club						M	D	Y	Amount			
						0	5	1	9	0	5	737.62
Address 41 South High Street				Purpose Food for campaign								
City Columbus				State OH		Zip Code 43215		Check Number 1259				
To Whom Paid Carl Williams						M	D	Y	Amount			
						0	5	1	9	0	5	150
Address				Purpose photography								
City Columbus				State OH		Zip Code		Check Number 1260				
To Whom Paid Tactical Edge, LTD						M	D	Y	Amount			
						0	5	2	0	0	5	595
Address 929 Harrison Ave., Suite 305				Purpose reimbursement for envelopes & office supplies								
City Columbus				State OH		Zip Code 43215		Check Number 1261				
To Whom Paid Tactical Edge, LTD						M	D	Y	Amount			
						0	5	2	0	0	5	224
Address 929 Harrison Ave., Suite 305				Purpose graphics and invitations								
City Columbus				State OH		Zip Code 43215		Check Number 1262				
To Whom Paid Teamsters Local Union 314						M	D	Y	Amount			
						0	5	2	0	0	5	100
Address				Purpose golf outing fees								
City Columbus				State OH		Zip Code 43215		Check Number 1263				
To Whom Paid Franklin County Democratic Party						M	D	Y	Amount			
						0	5	2	0	0	5	200
Address 271 East State Street				Purpose Golf outing fees/sponsorship								
City Columbus				State OH		Zip Code 43215		Check Number 1264				
To Whom Paid Steven Hightower						M	D	Y	Amount			
						0	5	2	0	0	5	122
Address 258 E. Lane Ave.				Purpose Host Committee Gifts								
City Columbus				State OH		Zip Code 43201		Check Number 1265				
To Whom Paid Steven Hightower						M	D	Y	Amount			
						0	6	0	1	0	5	750
Address 258 E. Lane Ave.				Purpose Consulting Fees								
City Columbus				State OH		Zip Code 43201		Check Number 1258/1266				

2,878.62

Page Total \$0.00

Statement of Expenditures

Prescribed by Secretary of State 2/01

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Name of Committee in Full												
To Whom Paid Key Bank						M	D	Y	Amount			
						0	4	2	9	0	5	6.75
Address 88 East Broad Street				Purpose Bank charge								
City Columbus				State OH	Zip Code 43215		Check Number N/A					
To Whom Paid Steven Hightower						M	D	Y	Amount			
						0	4	2	9	0	5	1,000
Address 258 E. Lane Ave.				Purpose Consulting fees								
City Columbus				State OH	Zip Code 43201		Check Number 1249					
To Whom Paid Covention Communications						M	D	Y	Amount			
						0	5	0	6	0	5	207
Address				Purpose phones for campaign								
City				State OH	Zip Code		Check Number 1248					
To Whom Paid Steven Hightower						M	D	Y	Amount			
						0	5	0	6	0	5	89
Address 258 E. Lane Ave.				Purpose reimbursement for campaign food								
City Columbus				State OH	Zip Code 43201		Check Number 1254					
To Whom Paid Brainstorm Media, Inc.						M	D	Y	Amount			
						0	5	1	7	0	5	4,814
Address				Purpose video production								
City				State OH	Zip Code		Check Number 1255					
To Whom Paid Steven Hightower						M	D	Y	Amount			
						0	5	1	7	0	5	750
Address 258 E. Lane Ave.				Purpose Consulting fees								
City Columbus				State OH	Zip Code 43201		Check Number 1256					
To Whom Paid Tactical Edge, LTD						M	D	Y	Amount			
						0	5	1	7	0	5	2,000
Address 929 Harrison Ave., Suite 305				Purpose Consulting fees								
City Columbus				State OH	Zip Code 43215		Check Number 1257					
To Whom Paid Gina Gabriel						M	D	Y	Amount			
						0	5	1	7	0	5	1,060.80
Address				Purpose Media Buy								
City				State OH	Zip Code		Check Number 1258					

9,927.55

Page Total ~~10,000~~

Statement of Expenditures

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Prescribed by Secretary of State 2/01

Name of Committee in Full									
To Whom Paid Steven Hightower						M	D	Y	Amount
						0	9	2	9
						0	5		1,000
Address 258 Lane Ave.				Purpose consulting fees					
City Columbus				State OH	Zip Code 43201		Check Number 1299		
To Whom Paid Steven Hightower						M	D	Y	Amount
						1	0	0	6
						0	5		260
Address 258 Lane Ave.				Purpose reimbursement for pancake breakfast event supplies					
City Columbus				State OH	Zip Code 43201		Check Number 1301		
To Whom Paid U.S. Postmaster						M	D	Y	Amount
						1	0	1	2
						0	5		111
Address 850 Twin Rivers Drive				Purpose postage					
City Columbus				State OH	Zip Code 43216		Check Number 1303		
To Whom Paid Steven Hightower						M	D	Y	Amount
						1	0	1	2
						0	5		1,000
Address 258 Lane Ave.				Purpose consulting fees					
City Columbus				State OH	Zip Code 43201		Check Number 1304		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State OH	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		
To Whom Paid						M	D	Y	Amount
Address				Purpose					
City				State	Zip Code		Check Number		

2,371.00
Page Total **64.00**